MONTANA TEACHERS' RETIREMENT SYSTEM

1500 E 6TH AVE PO BOX 200139 HELENA MT 59620-0139 (406) 444-3134

TRS Office Use Only

REQUEST FOR AN ESTIMATE OF BENEFITS

(PLEASE TYPE OR PRINT LEGIBLY IN DARK INK.)

Estimates are provided as a service to our members. Please remember this is only an estimate. Your estimated benefit amount will be calculated under all of the options available, as well as the three options available with regard to the use of termination pay.

Personal Data :		<u> </u>	
(Name)	(Date of Birth)		Social Security Number)
(Home Mailing Address)		(City, State & 2	Zip Code)
()	_		
(Area Code & Telephone Number)		(Sex M/F)	(Maiden Name)
OUR PRIMARY BENEFICIARY'S NAME	:		
OUR PRIMARY BENEFICIARY'S DATE	OF BIRTH:		
FINAL YEAR CONTRACT AMOUNT: \$			
OTHER COMPENSATION:* \$			
ERMINATION PAY AMOUNT:** \$			
ERMINATION DATE:			
RETIREMENT EFFECTIVE DATE:***			
** - Termination Pay includes any form worked other than compensation reexceed the ten percent statutory cates - Your retirement effective date can	eceived while on sick leave or authorizap. be no sooner than the first day of the r	npensation, sick le ed leave of absend nonth following you	eave, vacation, or any other payment for time not ce. It can also include earnings which may
the time of retirement:			
\$	\$		\$
			<u> </u>